

[illegible]

FIG. 2A
(Prior Art)

108190-064E8860

PRIOR CARRIER INFORMATION											
LINE	CATEGORY	YEARS 98	YEARS	YEARS	YEARS	YEARS	YEARS	YEARS	YEARS	YEARS	YEARS
CARRIER USF40											
POLICY NUMBER 01 23456											
POLICY TYPE ALL RISK											
RETRO DATE											
GENERAL AGGREGATE 2000000											
PROPERTY DAMAGE 2000000											
PERSONAL & ADV. 1000000											
EACH OCCURRENCE 1000000											
FIRE DAMAGE 50000											
MEDICAL EXPENSE 5000											
BODILY INJURY											
PROPERTY DAMAGE											
COMBINED SINGLE LIMIT 1000000											
MODIFICATION FACTOR											
TOTAL PREMIUM 12000											
CARRIER USF40											
POLICY NUMBER CA4567898											
POLICY TYPE COMBINED											
COMBINED SINGLE LIMIT 1000000											
BODILY INJURY											
PROPERTY DAMAGE											
MODIFICATION FACTOR											
TOTAL PREMIUM 13000											
CARRIER											
POLICY NUMBER											
POLICY TYPE											
MODIFICATION FACTOR											
TOTAL PREMIUM											
CARRIER											
POLICY NUMBER											
POLICY TYPE											
LIMIT											
MODIFICATION FACTOR											
TOTAL PREMIUM											
LOSS HISTORY											
ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)											
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS					
01/01/95		all claims		1500	2500	PAID					
01/01/96		all		1600	2600	PAID					
01/01/97		all		1700	2700	PAID					
01/01/98		all		1800	2800	PAID					
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY											
NOTICE OF INSURANCE INFORMATION PRACTICES											
PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL INFORMATION MAY BE USED FOR A VARIETY OF PURPOSES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.											
ACORD 128 (7/96)											

FIG. 2B
(Prior Art)

ACORD COMMERCIAL GENERAL LIABILITY SECTION										DATE 12/13/12	
PRODUCER		PHONE NO.		FAX NO.		APPLICANT		TYPE OF POLICY			
		973-884-4400		973-884-4411		Angros, Inc.		Insurance			
Tribus Spectrum 8 Wood Hollow Road Parapattany NJ 07054 David Buff						EFFECTIVE DATE - EXPIRATION DATE 06/27/99 06/27/00		DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL		PAYMENT PLAN MONTHLY	
CODE		SUB CODE		RISK CLASSIFICATION		POLICY NUMBER		CANCELLATION			
COVERAGES		COVERAGE		LIMITS		PREMIUMS		PRODUCTS			
X COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE		\$ 2,000,000		PREMIUMS			
CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PRODUCTS & COMPLETED OPERATIONS AGGREGATE		\$ 2,000,000		PREMIUMS			
OWNERS & CONTRACTORS PROTECTIVE				PERSONAL & ADVERTISING INJURY		\$ 1,000,000		PRODUCTS			
				EACH OCCURRENCE		\$ 1,000,000					
DEDUCTIBLE				DISEASE CHANGE (Any one time)		\$ 50,000					
PROPERTY DAMAGE \$				MEDICAL EXPENSE (Any one person)		\$ 5,000					
BODILY INJURY \$											
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (See separate document page coverage which the Business Auto Section ACORD 102)											
Employee Benefits - \$1,000,000.; Broad Form Vendors Coverage, Blanket Additional Insured											
SCHEDULE OF HAZARDS											
LOCATION #		CLASSIFICATION		CLASS CODE		PREMIUM BASIS		RATE		PREMIUM	
ALL		Plastic Goods Manufacture		58057		\$ 17,000.000		6846 9718		.1	
RATING AND PREMIUM BASIS											
(A) GROSS SALES PER \$1,000 DOLLARS				(A) AREA PER 1,000 SQ FT				(A) ADJUSTMENTS PER 1,000 DOLLS			
PER PAYROLL PER \$1,000 DOLLS				(C) TOTAL COST PER \$1,000 SQ FT				(C) OTHER			
CLAIMS MADE (Explain all "yes" responses)											
1. PROPOSED RETROACTIVE DATE											
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MAJOR COV.											
3. HAS ANY PRODUCT / WORK ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED?											
4. PREVIOUS PREMIUM COVERAGE?											
5. HAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?											
REMARKS											
TRANSITION											
1. HAS THIS RISK OR ANY LOCATION NOT QUALIFIED FOR TRANSITION?											
2. IF THIS RISK QUALIFIES FOR TRANSITION, INDICATE THE YEAR IT FIRST QUALIFIED AND											
LOCATION NEW CLASS OLD CLASS PREVIOUS EXPOSURE APPLICABLE COVERAGE											
PREMIUMS (PRODUCT)											
PREMIUMS (PRODUCT)											
PREMIUMS (PRODUCT)											
PREMIUMS (PRODUCT)											
PREMIUMS (PRODUCT)											
PREMIUMS (PRODUCT)											
PREMIUMS (PRODUCT)											
ACCORD 126-S (3/99)											
PLEASE COMPLETE REVERSE SIDE											
ACCORD CORPORATION 1997											

FIG. 3A
(Prior Art)

[illegible]

FIG. 3B
(Prior Art)

108190-06420860

ACORD BUSINESS AUTO SECTION				DATE MADE/ISSUED	
PRODUCER		PHONE		APPLICANT	
773-884-4400		773-884-4411		Augros, Inc.	
TELEPHONE		FAX		EFFECTIVE DATE	
773-884-4411				06/27/99	
TRILUX SPECTRUM		8 Wood Hollow Road		EXPIRATION DATE	
Passaway NJ 07054		David Huff		06/27/00	
CODE		SUB CODE		DIRECT BILL	
ACORD 100-1				X	
COVERAGE		COVERAGE		PAYMENT PLAN	
AUGRO-1				MONTHLY	
COVERAGE		COVERAGE		AGENCY BILL	
				X	
COVERAGE		COVERAGE		COMPANY	
				USE ONLY	
COVERAGE LIMITS					
COVERAGE		COVERED AUTO SYMBOLS		LIMITS	
LIABILITY		X 1 2 3 4 5 6 7 8 9		X 1 2 3 4 5 6 7 8 9	
B EACH ACCIDENT		B EACH ACCIDENT		B EACH ACCIDENT	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE	
PERSONAL INJURY		PERSONAL INJURY		PERSONAL INJURY	
PROTECTION		PROTECTION		PROTECTION	
ADDITIONAL		ADDITIONAL		ADDITIONAL	
P.P.		P.P.		P.P.	
MEDICAL		MEDICAL		MEDICAL	
PAYMENTS		PAYMENTS		PAYMENTS	
UNINSURED		UNINSURED		UNINSURED	
MOTORIST		MOTORIST		MOTORIST	
UNINSURED		UNINSURED		UNINSURED	
MOTORIST		MOTORIST		MOTORIST	
HIRE/RENTAL		HIRE/RENTAL		HIRE/RENTAL	
LIMBS		LIMBS		LIMBS	
STATES		STATES		STATES	
NY NJ		NY NJ		NY NJ	
GROUP TYPE		GROUP TYPE		GROUP TYPE	
EMPLOYEES		EMPLOYEES		EMPLOYEES	
VOLUNTEERS		VOLUNTEERS		VOLUNTEERS	
PARTNERS		PARTNERS		PARTNERS	
ENDORSEMENTS FORMS CONDITIONS					
COVERAGE					
(1) ANY AUTO					
(2) ALL OWNED AUTOS					
(3) OWNED PRIVATE PASSENGER AUTOS					
(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER					
(5) ALL OWNED AUTOS WHICH REQUIRE NO FAULT COVERAGE					
(6) OWNED AUTOS SUBJECT TO COMPELLING L.A. LAW					
(7) AUTOS SPECIFIED ON SCHEDULE					
(8) HIRE/RENTAL					
(9) NON-OWNED AUTOS					
DRIVER INFORMATION (Include drivers who frequently use own vehicles)					
DRIVER		NAME (Include address, if required)		DATE OF BIRTH	
1		1996		01/01/96	
YEAR		STATE		LIC	
1		NJ		1	
DRIVER LICENSE NUMBER		SOCIAL SECURITY NUMBER		STATE	
1		1		1	
VEHICLE DESCRIPTION					
VEH #		YEAR		MAKE	
1		1996		ACURA	
MODEL		VIN		JH4KA9648PC003007	
1		1		1	
CITY (State of where damaged)		TERM		CLASS	
1		1		1	
DRIVE TO WORK/SCHOOL		USE		COMM.	
UNDER 15 MILES		PLEASURE		RETAIL	
15 MILES OR OVER		FARM		WORK	
ACORD 127 (2/96)		PLEASE COMPLETE REVERSE SIDE		ACORD CORPORATION 1993	

FIG. 4A
(Prior Art)

108190-06120800

VEHICLE DESCRIPTION (continued)										AUGRO-1	
YR	MAKE	MODEL	YEAR	NAME	CLASS	SEC	FACTOR	SEAT	RADIUS	FARTHEST TERM	
2	1996	Model	YEAR	NAME	CLASS	SEC	FACTOR	SEAT	RADIUS	FARTHEST TERM	
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ											
DRIVE TO WORK/SCHOOL USE COMPAI COVERAGES ADDL PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
UNDER 15 MILES PLEASURE RETAIL LMB MED PAY LSP DEDUCTIBLES ADV COMP CPT											
15 MILES OR OVER FARM SERVICE PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
3	1973	Model	YEAR	NAME	CLASS	SEC	FACTOR	SEAT	RADIUS	FARTHEST TERM	
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ											
DRIVE TO WORK/SCHOOL USE COMPAI COVERAGES ADDL PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
UNDER 15 MILES PLEASURE RETAIL LMB MED PAY LSP DEDUCTIBLES ADV COMP CPT											
15 MILES OR OVER FARM SERVICE PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
5	2000	Model	YEAR	NAME	CLASS	SEC	FACTOR	SEAT	RADIUS	FARTHEST TERM	
CITY STATE ZIP WHERE GARAGED Clark NJ											
DRIVE TO WORK/SCHOOL USE COMPAI COVERAGES ADDL PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
UNDER 15 MILES PLEASURE RETAIL LMB MED PAY LSP DEDUCTIBLES ADV COMP CPT											
15 MILES OR OVER FARM SERVICE PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
VEH # YEAR MAKE MODEL YIN GVWGTW CLASS SEC FACTOR SEAT CH RADIUS FARTHEST TERM											
CITY STATE ZIP WHERE GARAGED Clark NJ											
DRIVE TO WORK/SCHOOL USE COMPAI COVERAGES ADDL PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
UNDER 15 MILES PLEASURE RETAIL LMB MED PAY LSP DEDUCTIBLES ADV COMP CPT											
15 MILES OR OVER FARM SERVICE PIP MED PAY LSP DEDUCTIBLES ADV COMP CPT											
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACRD 46 for additional names)											
INTEREST BANK NAME AND ADDRESS INTEREST # CERTIFICATE REQUIRED INTEREST ITEM NUMBER											
X ADDITIONAL INSURED American Honda Finance Corp. AMERH01 LOCATION BUILDING											
X LOSS PAYEE 200 Continental Dr. Suite 301 SCHEDULED ITEM NUMBER											
X MORTGAGE NEWARK DE 19713 OTHER											
X LENDHOLDER											
X EMPLOYEE AS LESSOR											
GENERAL INFORMATION											
EXPLAIN ALL YES RESPONSES YES NO 7 DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIALS X											
1 WITH THE EXCEPTION OF DISBURSANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? X 8 ANY HOLD HARMLESS AGREEMENTS? X											
2 DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? X 9 ANY VEHICLES USED BY FAMILY MEMBERS IF SO, DENY IN REMARKS X											
3 IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? X 10 DOES THE APPLICANT DETAIL AND VERIFICATION? X											
4 ARE ANY VEHICLES LEASED TO OTHERS? X 11 DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? X											
5 ARE ANY VEHICLES OBTAINED, ALTERED OR HAVE SPECIAL EQUIPMENT? X 12 ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? X											
6 ARE ANY VEHICLES OBTAINED, ALTERED OR HAVE SPECIAL EQUIPMENT? X 13 ANY VEHICLES OWNED BUT NOT REGISTERED ON THE APPLICATION? X											
7 ARE ANY VEHICLES OBTAINED, ALTERED OR HAVE SPECIAL EQUIPMENT? X 14 ANY DRIVERS WITH HAVING TRAFFIC VIOLATIONS? X											
8 ARE ANY VEHICLES OBTAINED, ALTERED OR HAVE SPECIAL EQUIPMENT? X 15 MAXIMUM DOLLAR VALUE SUBJECT TO LOSS											
DESCRIPTION OF GARAGE/STORAGE LOCATIONS											
REMARKS											
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)											
DO NOT USE IN MI, AL, GA, CT, DE, IL, IN, IA, KS, KY, LA, ME, MD, NH, NY, OH, OR, PA, RI, SC, TN, VT, WA, WI, WY, USE SPECIFIC STATE ABBREVIATION. MINIMUM UM LIMITS REQUIRED IN DC, ME, MI, MO, NY, VA, WA, WI											
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORIST (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:											
SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, OR											
SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR											
REJECTING COVERAGE ENTIRELY											
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING											
1 SELECT UM AND UIM LIMITS INDC IN THE APP (APPLICANT'S SIGNATURE)											
2 REJECT UM AND UIM LIMITS INDC IN THE APP (APPLICANT'S SIGNATURE)											
3 REJECT UM AND UIM LIMITS INDC IN THE APP (APPLICANT'S SIGNATURE)											
4 REJECT UM AND UIM LIMITS INDC IN THE APP (APPLICANT'S SIGNATURE)											
5 REJECT UM AND UIM LIMITS INDC IN THE APP (APPLICANT'S SIGNATURE)											
ATTACH TO APPLICANT INFORMATION SECTION											

FIG. 48
(Prior Art)

0083430.061801

VEHICLE DESCRIPTION (continued)										ADGRO-1 COST NEW	
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SG	FACTOR	SEAT	RADIUS	FARTHEST TERM
2	1996	Renkonkoma	NJ		JALFAL12XT3700658						
CITY STATE ZIP WHERE GARAGED											
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM. <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> ADOL. <input type="checkbox"/> MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMP <input type="checkbox"/> ST <input type="checkbox"/> C OF L											
UNDER 15 MILES <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> S <input type="checkbox"/> COLL <input type="checkbox"/> S <input type="checkbox"/> COLL											
15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PW <input type="checkbox"/> LINES <input type="checkbox"/> MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMP <input type="checkbox"/> ST <input type="checkbox"/> C OF L											
3	1973	Cherry	NJ		CC8533V104317						
CITY STATE ZIP WHERE GARAGED											
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM. <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> ADOL. <input type="checkbox"/> MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMP <input type="checkbox"/> ST <input type="checkbox"/> C OF L											
UNDER 15 MILES <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> S <input type="checkbox"/> COLL <input type="checkbox"/> S <input type="checkbox"/> COLL											
15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PW <input type="checkbox"/> LINES <input type="checkbox"/> MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMP <input type="checkbox"/> ST <input type="checkbox"/> C OF L											
5	2000	323CI	NJ		WBAMM3346TJN85845						
CITY STATE ZIP WHERE GARAGED											
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM. <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> ADOL. <input type="checkbox"/> MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMP <input type="checkbox"/> ST <input type="checkbox"/> C OF L											
UNDER 15 MILES <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> S <input type="checkbox"/> COLL <input type="checkbox"/> S <input type="checkbox"/> COLL											
15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PW <input type="checkbox"/> LINES <input type="checkbox"/> MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMP <input type="checkbox"/> ST <input type="checkbox"/> C OF L											
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ADGRO 45 for additional names)											
INTEREST	RANK	NAME AND ADDRESS	REFERENCE	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER						
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	American Honda Finance Corp.	AMERH01		LOCATION BUILDING						
<input checked="" type="checkbox"/>	LOSS PAYEE	200 Continental Dr. Suite 301			VEHICLE S RCH						
<input type="checkbox"/>	MORTGAGEE	Newark DE 19713			SCHEDULED ITEM NUMBER						
<input type="checkbox"/>	LENDHOLDER				OTHER						
<input type="checkbox"/>	EMPLOYEE AS LESSOR										
GENERAL INFORMATION											
YES NO 1 DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? X											
EXPLAIN ALL "YES" RESPONSES											
1 WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? X 2 ARE ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS X											
2 DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? X 3 DOES THE APPLICANT OBTAIN SOVI VERIFICATION? X											
3 IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? X 4 DOES THE APPLICANT HAVE A DRIVING DRIVER REGISTRATION METHOD? X											
4 ARE ANY VEHICLES LEASED TO OTHERS? X 5 ARE ANY VEHICLES NOT COVERED BY WORKERS COMPENSATION? X											
5 ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT? X 6 ARE ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? X											
6 ARE CC, PUG OR OTHER FLARES REQUIRED? X 7 ARE ANY VEHICLES WITH MOVING TRAFFIC VIOLATIONS? X											
8 ARE CC, PUG OR OTHER FLARES REQUIRED? X 9 MAXIMUM DOLLAR VALUE SUBJECT TO LOSS											
DESCRIPTION OF GARAGE/STORAGE LOCATIONS											
REMARKS											
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)											
DO NOT USE IN AL, AK, CA, CT, DE, FL, GA, IL, IN, MD, MI, NY, OH, OR, PA, RI, SC, WV. USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, DE, IL, IN, MD, NY, OH, VT, WA, WI.											
1 UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORIST (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF: <input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY											
2 I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING											
3 I SELECT UM AND UIM LIMITS INDIC IN THE APP <input type="checkbox"/> (APPLICANT'S SIGNATURE)											
4 I SELECT UM BODILY INJURY COVERAGE <input type="checkbox"/> (APPLICANT'S SIGNATURE)											
5 I SELECT UM BODILY INJURY COVERAGE <input type="checkbox"/> (APPLICANT'S SIGNATURE)											
6 I SELECT UM PROPERTY DAMAGE COVERAGE <input type="checkbox"/> (APPLICANT'S SIGNATURE)											
7 I SELECT UM PROPERTY DAMAGE COVERAGE <input type="checkbox"/> (APPLICANT'S SIGNATURE)											
ATTACH TO APPLICANT INFORMATION SECTION											

FIG. 4C
(Prior Art)

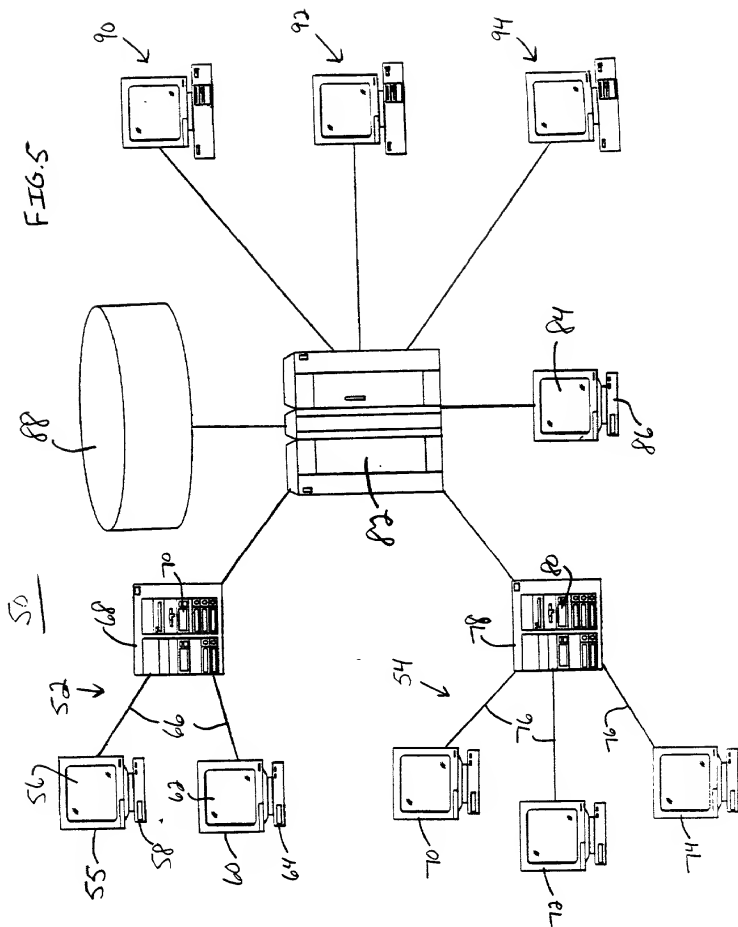
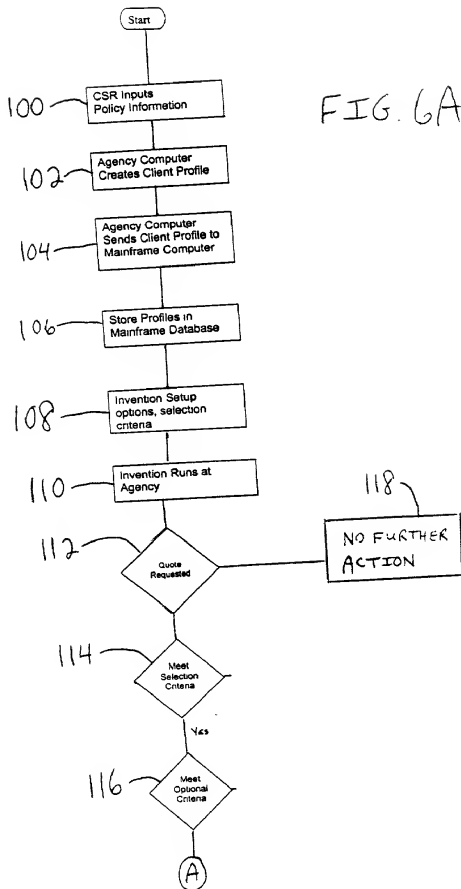


FIG. 6A



[illegible]

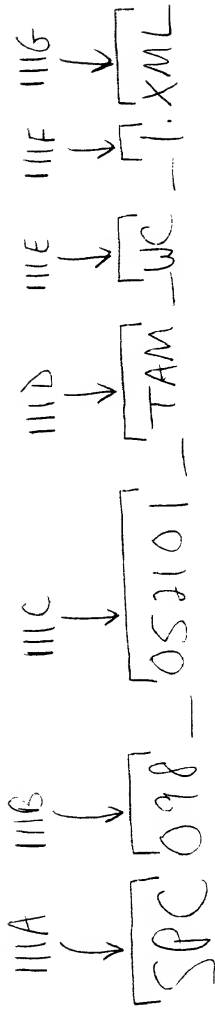


FIG. 6b-1

09037439-061304

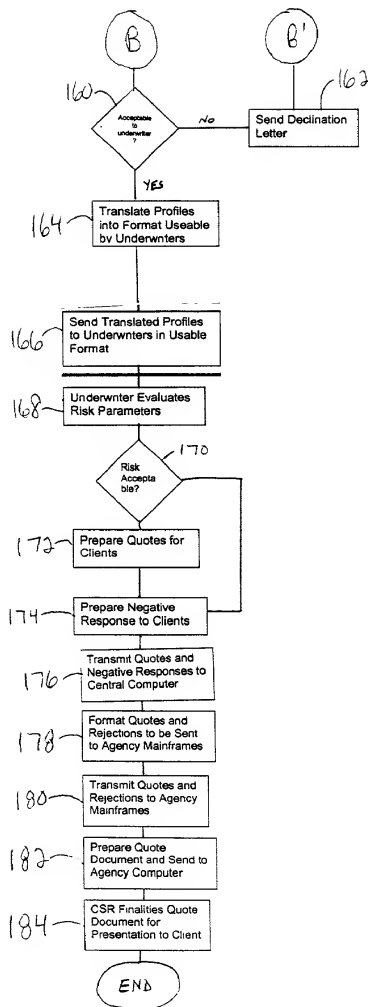


FIG. 6C

AgencyForce, Inc.

Diagram - Wholesale

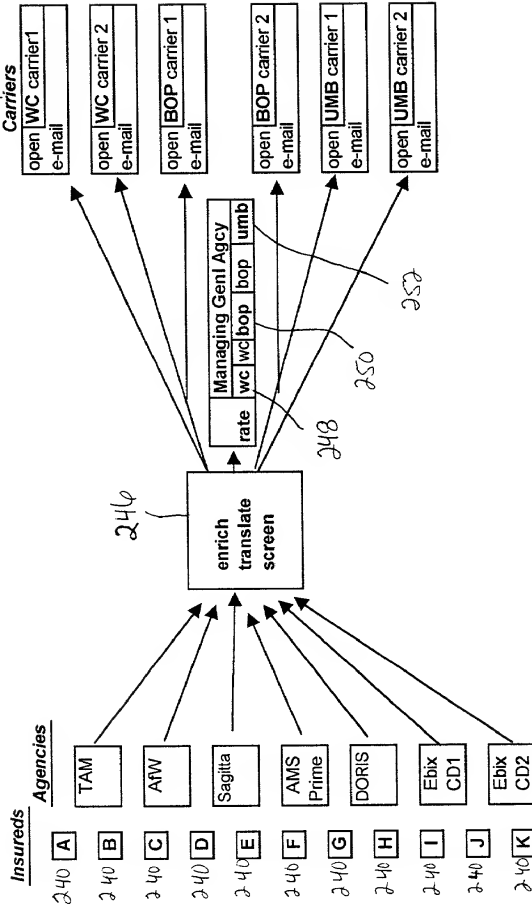


FIG. 7

AgencyForce, Inc.

Diagram - (Mailers)

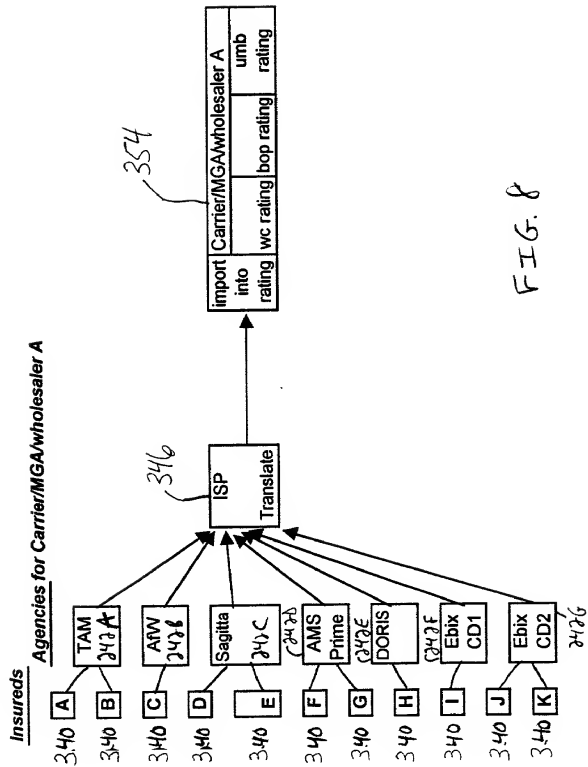


FIG. 8